

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/588,274 – Conf. No. 5018
	Filing Date	August 4, 2006
	First Named Inventor	Heinz von der Kammer
	Art Unit	1614
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	37998-237338

Please change the Correspondence Address for the above-identified application to:				
<input checked="" type="checkbox"/> The address associated with Customer Number: <input type="text" value="26694"/>				
OR				
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).				
I am the:				
<input type="checkbox"/> Applicant/Inventor				
<input type="checkbox"/> Assignee of record of the entire interest.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
<input checked="" type="checkbox"/> Attorney or agent of record. Registration Number <input type="text" value="54,262"/>				
<input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number <input type="text"/>				
Signature	<i>Kavita B. Lepping</i>			
Typed or Printed Name	Kavita B. Lepping			
Date	January 8, 2007		Telephone	(202) 344-4000
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input checked="" type="checkbox"/> *Total of <input type="text" value="1"/> Form is/are submitted.				